

## **Appendix 1 - Model # 4**

### **Letter Confirming Post-Contract, Comprehensive, or Focused Review to be Conducted In the Office**

(Date)

(Name)  
(Title)  
(Address)

Dear (Name):

This is to confirm that a team from the Centers for Medicare & Medicaid Services (CMS) will conduct a (post-contract, comprehensive, focused) review of (name of M+CO). CMS staff have already discussed arrangements for this review with (name) of your staff. We will conduct this review completely in our office.

Paragraph to be used for post-contract reviews: The purpose of this review is to provide technical assistance and to evaluate your compliance with the Medicare functional areas that CMS could not assess during the initial application review. (If the RO is reviewing other areas, include the following sentence: We will also be reviewing (area to be reviewed) because (explain reason for review).

Paragraph to be used for comprehensive reviews: The purpose of this review is to assess (name of M+CO)'s compliance with the Medicare + Choice regulations found at 42 Code of Federal Regulations 422 and other appropriate CMS standards.

Paragraph to be used for focused reviews: The purpose of this review is to assess (name of M+CO)'s implementation of the corrective action plan submitted as a result of the (post-contract, comprehensive, focused) review conducted (date of review). (or) The purpose of this review is to (insert purpose).

The review team will consist of (names of reviewers). (Name) will review (list areas of review). (Name) will review (list areas of review). Sentence to be used for comprehensive review when M+CO has deemed status: Because you are deemed to meet certain requirements based on your accreditation status, we will not review those elements that are deemed.

We will conduct both the entrance and exit conferences and all discussions with staff by teleconference. We will arrange an entrance teleconference for (date) at (time). The reviewers will discuss the purpose of the review, review the agenda, and highlight issues relevant to the review. We would appreciate you and your staff presenting a brief overview of your current organization and operation. At the close of the review, the reviewers will

arrange an exit conference for (date) at (time) to summarize their preliminary findings and discuss any unresolved issues. We would appreciate having you, the Medicare Compliance Officer, and other appropriate management staff, and a member of the Board of Directors, if available, attend both the entrance and exit conferences.

The review team will use the Medicare + Choice Restructured Monitoring Review Guide, Version (version #), which you can find at [www.cms.hhs.gov/healthplans/monitoring/2003Guide.asp](http://www.cms.hhs.gov/healthplans/monitoring/2003Guide.asp), to conduct the review. The reviewers are not confined solely to the elements contained in the Review Guide. If the reviewers find indications that you may not be in compliance with other regulatory requirements, they will investigate the issue further to determine whether your organization is in compliance with all Federal regulations and other appropriate CMS standards.

Enclosure I identifies the information and elements that CMS will evaluate during this review. Please send us the necessary documentation no later than [date (seven weeks before the review)].

Please inform the staff identified on Enclosure II that we may need to talk with them during the review. You should make tentative arrangements for these discussions, starting (date/time). Each discussion should take approximately one hour, unless the enclosure indicates otherwise. Please send (name) a draft agenda at least one week prior to the entrance conference. Enclosure III is a sample agenda format to assist you.

Paragraph to be used when the review includes samples selected from M+CO universes:

Enclosure IV lists the review areas that we will sample. This enclosure briefly describes these areas and asks you to generate a listing of the universe for specific samples, as noted. Please send these listings to the regional office (RO), along with the materials listed in Enclosure I. If you are not able to generate the data described in this enclosure, please call (name) to discuss alternative methods. Approximately five weeks before the review, we will notify you of the specific cases selected for review and the minimum documentation requirements for the sample cases selected. (Name of M+CO) must send all requested documentation associated with the case selected to the RO no later than [date (three weeks before the review)].

Paragraph to be used when the review includes only samples selected from CMS universes:

Enclosure IV lists the review areas that we will sample. CMS will select these samples from CMS data. Therefore, you do not have to submit any universes to the RO. Approximately five weeks before the review, we will notify you of the specific cases selected for review and the minimum documentation requirements for the sample cases selected. (Name of M+CO) must send all requested documentation associated with the case selected to the RO no later than [date (three weeks before the review)].

Paragraph to be used when certain elements are Met based on review of IRE data: Based on reports from the independent review entity, we have determined that (name of M+CO) meets certain elements, and we will not conduct any further review of these elements. Please see Enclosure V for a list of the elements.

Paragraph to be used if neither CO nor another region is involved in the review: Send (name) (number) (copy/copies) of the information requested in Enclosure I, and (number) (copy/copies) of the information requested in Enclosure IV no later than [date (seven weeks before the review)].

Paragraph to be used if CO and/or another region is involved in the review: No later than [date (seven weeks before the review)], send (number) (copy/copies) of the information requested in Enclosure I and (number) (copy/copies) of the information requested in Enclosure IV to this office and (number) (copy/copies) of the information requested in Enclosure I to (CMS's central office/region XX) at the addresses shown below:

Names and Addresses

Thank you for your cooperation in scheduling this review . If you have any questions, please call (name) at (telephone number).

Sincerely,

(Name, Title, etc.)

Enclosures

- I Information Required for Review
- II Persons to be Available for Discussions
- III Sample Agenda Format
- IV Universe Request for Samples to be Reviewed by CMS
- V (Enclosure to be used when certain elements are met based on review of IRE data): Elements Met Based on Review of Independent Review Entity Data

bcc: CO Plan Manager, Reviewers